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	F	ORM PTO-1449		APPLICANTS RAVEN et al.			
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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB- CLASS	FILING DATE
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INITIAL		DOCUMENT . NUMBER	DATE	COUNTRY	CLASS .	SUB- CLASS	TRANSLATION
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line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.							